

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form No. 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
99

(1) PLACE OF BIRTH
County of Lander
Township of B. B.
or
Inc. Town of Near Govan
or
City of Near Govan (No. 401 Registered No. 3
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Polk Munson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 15, 1915</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Polk Munson</u>		(14) NAME BEFORE MARRIAGE <u>Mary Odorn</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Govan, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Govan, S.C.</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>Don't know</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Near Govan, S.C.</u>		(18) BIRTHPLACE <u>Near Govan, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Peggie Washer
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Govan, S.C.

Give name added from a supplemental report
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W. F. Stan
Registrar

(26) Witness W. F. Stan
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1120 1915 (28) W. F. Stan Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.